

EXHIBIT 3-G

0123514

D. Winger
 Officer's Name: Print and Signature

6/28/21
 Date

CASE NO. MCIH 0266-21

DIVISION OF CORRECTION
REQUEST FOR ADMINISTRATIVE REMEDY
 (Instructions for completing this form are on the back)

WARDEN'S OFFICE
 RECEIVED

JUN 30 2021

TO: ☐ Warden, Managing Official, or Designee of Facility

MCI-H

Emergency Request: ☒ Check only if your complaint poses a continued threat to your health, safety, or welfare.

FROM: Holland Kennedy E 475884/2880671 MCI-H
 Last Name First Name Middle Initial CL Number Facility

Housing Location D-1-27 Protective Custody ☐ Administrative Segregation ☐ Disciplinary Segregation ☐

Part A - INMATE REQUEST

On 6-28-21 I have had once again an issue with my tier officer and getting in the shower. Officer Hawkins on 8-4 shift told me that I could not receive a shower upon returning from Sheet Metal Vocation because he had to do count. I asked for an OIC and he told me 6-28-21 they would just tell me the same thing. [Signature]
 Date Signature of Inmate

Part B - RESPONSE

Date

Signature of Warden/Managing Official/Designee

You may appeal this response by following the procedure prescribed on the back of this form.

Part C - RECEIPTCase No. MCIH 0266-21

RETURN TO: Holland Kennedy E 475884 MCIH D-1-27
 Last Name First Name Middle Initial CL Number Facility

I acknowledge receipt of your complaint dated 6/28/21 in regard to: Dismissed for Procedural Reasons.

Per Comar 12.02.28.11 A(1)(b) Additional Information is needed to investigate

Rewrite/Resubmit by 7/15/21. must include (1) policy that is

6/30/21

Date

K. Paulson ARC

Facility ARP Coordinator

being violated - copy. Show proof of violation.
(2) need Remedy.

WARDEN'S OFFICE
 RECEIVED

Original: White - Facility ARP Coordinator
 Copy: Canary - Inmate JUN 30 2021

MCI-H

Instructions to Inmates for Completing Request for Administrative Remedy, DOC Form 185.0002cC

1. Use a typewriter or a pen with blue or black ink.
2. Your request must be addressed to the warden, managing official, or designee of the facility where you are housed, regardless of where the incident which you are complaining about occurred.
3. Your complaint must be submitted within the later of thirty (30) calendar days of the date on which the incident occurred or thirty (30) calendar days from the date that you first gained knowledge of the incident or injury giving rise to the complaint. Read COMAR 12.02.28 for a complete description of time frames.
4. If you believe that your request concerns a situation that poses a continuing threat to your health, safety, or welfare, you may ask that your request be processed as an emergency by checking the space provided.
5. Type or print the specifics of the complaint in the space provided in Part A. Use one form for each complaint or closely related complaints. Be sure to include the date of the incident, the names of the people involved, and a description of the incident. A description of any efforts you have made to resolve the incident informally before submitting this request is helpful. Keep the specifics as brief as possible. If you checked the Emergency Request space, you must include an explanation for why you believe your complaint should be processed as an emergency. If you need more space, use the continuation sheet that is in duplicate form.
6. Date and sign the request in the spaces provided in Part A. You may write "see attached" in Part A and attach a written or typed complaint on the continuation sheet that is in duplicate form.
7. Submit the request to an officer in the control center of the housing unit, a tier officer or a custody supervisor. If the warden, managing official, or designee has issued an Information Bulletin (IB) for submitting a Request for Administrative Remedy, follow those procedures.
8. If you need assistance in completing or submitting a Request for Administrative Remedy, write to your facility administrative remedy coordinator.
9. If at any time you wish to withdraw your complaint, please sign and date the Withdrawal Form, Appendix G to DOC.185.0002 and submit it to any staff member.

Instructions to Staff for Completing - Receipt for Administrative Remedy, DOC Form 12.02.28c.

1. Sign and date the form(s) in the upper right hand corner where indicated.
2. Give the canary copy of the form(s) to the inmate.
3. Deliver the white copy of the form(s) to a location designated by the warden/ managing official by the end of your shift.

Inmate Appeal Procedure

If you choose to appeal the warden's response, you must complete the Headquarters Appeal of Administrative Remedy Response, Appendix H to DOC.185.0002. The appeal must be received within 30 calendar days from the date you received the warden, managing official, or designee's response or within 30 calendar days from when the warden, managing official, or designee's response was due.